## **Renewal Only**

## **Shellfish Application 2023/2024**

(Wednesday, November 1st, 2023 – Sunday, March 31st<sup>th</sup> 2024)

**Check List for shellfish application Renewal\*** 

| Copy of 2023 State License (attach a copy)                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copy of 2022-23 Nantucket License (attach a copy)                                                                                                           |
| Copy of Drivers License (only if reissued since 2021/2022)                                                                                                  |
| Town Taxes paid to date                                                                                                                                     |
| Up to date Catch Reports                                                                                                                                    |
| Sign off from The Natural Resources Department (If changes made)                                                                                            |
| License fee paid by cash, money order or Check (made payable to Town of Nantucket)                                                                          |
| Sign and date page 3 under Affirmation (if no other details have changed)                                                                                   |
| *If any of your contact information has changed since your 2022/2023 Shellfish License was issued, please update where applicable on the following pages.   |
| If all the criteria for this application <u>is not</u> met by 12pm Wednesday, March 31 <sup>st</sup> ,<br>2023 then the late start date will be applicable. |

| Application for Commercial Shellfish Permit                      |                   |       |                   |               |                                    |           |  |  |  |  |  |
|------------------------------------------------------------------|-------------------|-------|-------------------|---------------|------------------------------------|-----------|--|--|--|--|--|
| Shellfish Licenses Available                                     |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Please circle th                                                 | e license(s) A    | pplie | ed for:           |               |                                    |           |  |  |  |  |  |
| Bay Scallop<br>(\$250)                                           | Quahog<br>(\$150) |       | Mussel<br>(\$150) |               | Aquaculture<br>(\$150) + \$25/Acre |           |  |  |  |  |  |
| Applicant Information/ Residency Information                     |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Name:                                                            |                   |       |                   | Date:         |                                    |           |  |  |  |  |  |
| Drivers License #: Sta                                           |                   |       | ate of Issuance:  |               |                                    |           |  |  |  |  |  |
|                                                                  |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Address on License:                                              |                   |       |                   |               |                                    |           |  |  |  |  |  |
| City:                                                            |                   |       |                   |               |                                    | Zip Code: |  |  |  |  |  |
| Current Physical Address:                                        |                   |       |                   |               |                                    |           |  |  |  |  |  |
| City:                                                            | State:            |       |                   | Zip Code:     |                                    |           |  |  |  |  |  |
| Please check which applies to your living Landlord Name if Rent: |                   |       |                   |               |                                    |           |  |  |  |  |  |
| : Own Ren                                                        |                   |       |                   | ent           |                                    |           |  |  |  |  |  |
| Time at physical address (yrs/months):                           |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Mailing address if different:                                    |                   |       |                   |               |                                    |           |  |  |  |  |  |
| City:                                                            |                   |       | State:            |               |                                    | Zip Code: |  |  |  |  |  |
| Home Phone #:                                                    |                   |       |                   | Cell Phone #: |                                    | :         |  |  |  |  |  |
| Email Address:                                                   |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Voter Registration Location:                                     |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Emergency Contact info (Must have two people)                    |                   |       |                   |               |                                    |           |  |  |  |  |  |
| Name:                                                            |                   | F     | Phone #           | <b>:</b> :    |                                    | Relation: |  |  |  |  |  |
| Name: F                                                          |                   |       | Phone #:          |               |                                    | Relation: |  |  |  |  |  |

| Application for Commercial Shellfish Permit                                                                                                                                                                                                                              |              |                   |                          |           |    |         |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|--------------------------|-----------|----|---------|--|--|--|--|--|--|
| Employment                                                                                                                                                                                                                                                               |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Current Employer:                                                                                                                                                                                                                                                        |              |                   |                          |           |    |         |  |  |  |  |  |  |
| City:                                                                                                                                                                                                                                                                    | Stat         | e:                |                          | Zip Code: |    |         |  |  |  |  |  |  |
| Phone #:                                                                                                                                                                                                                                                                 |              | Occupatio         | n:                       |           |    |         |  |  |  |  |  |  |
| Motor Vehicle & Boat Registration Information                                                                                                                                                                                                                            |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Make Of Vehicle:                                                                                                                                                                                                                                                         |              | Year:             |                          |           |    |         |  |  |  |  |  |  |
| Color:                                                                                                                                                                                                                                                                   | <b>"</b>     | Registration #:   |                          |           |    |         |  |  |  |  |  |  |
| Make of Boat:                                                                                                                                                                                                                                                            | Model:       |                   |                          | Color:    |    |         |  |  |  |  |  |  |
| Boat Reg #                                                                                                                                                                                                                                                               | Engine Type: |                   |                          | Color:    |    |         |  |  |  |  |  |  |
| Address for Boat Reg:                                                                                                                                                                                                                                                    |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Owner Name:                                                                                                                                                                                                                                                              |              | Phone #:          |                          |           |    |         |  |  |  |  |  |  |
| Location of dock/tie up & Access the Harbor(s):                                                                                                                                                                                                                          |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Shanty Information- Where do you Open?                                                                                                                                                                                                                                   |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Who Opens Your Catch?                                                                                                                                                                                                                                                    |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Where do you sell if Different from where open?                                                                                                                                                                                                                          |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Affirmation:                                                                                                                                                                                                                                                             |              |                   |                          |           |    |         |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                          |              |                   |                          |           |    |         |  |  |  |  |  |  |
| I affirm that the above is to and correct and affix my signature hereto under the pains and penalties. I agree by signing below to observe and comply with all applicable shellfish laws and regulations of the Town of Nantucket and the Commonwealth of Massachusetts. |              |                   |                          |           |    |         |  |  |  |  |  |  |
| Sign                                                                                                                                                                                                                                                                     |              | Print N           | ame                      |           |    | Date    |  |  |  |  |  |  |
| For Office Hee Only                                                                                                                                                                                                                                                      |              |                   |                          |           |    |         |  |  |  |  |  |  |
| For Office Use Only Date App Filed                                                                                                                                                                                                                                       | Receive      | Received By       |                          |           |    |         |  |  |  |  |  |  |
| Date App Flied                                                                                                                                                                                                                                                           |              | Neceive           | neceived by              |           |    |         |  |  |  |  |  |  |
| State License #                                                                                                                                                                                                                                                          |              | Pymt M<br>Fee Cha | ethod (circle):<br>rged: | CA        | SH | CHECK # |  |  |  |  |  |  |
| Other Comments:                                                                                                                                                                                                                                                          |              |                   |                          |           |    |         |  |  |  |  |  |  |